## L09000030360

| (Re                                     | equestor's Name)   |              |
|-----------------------------------------|--------------------|--------------|
| . (Ad                                   | ldress)            |              |
| (Ad                                     | ldress)            |              |
| (Cit                                    | ty/State/Zip/Phone | <i>⇒ #</i> ) |
| · PICK-UP                               | ☐ WAIT             | MAIL         |
| (Bu                                     | siness Entity Nan  | ne)          |
| (Do                                     | cument Number)     |              |
| Certified Copies                        | _ Certificates     | of Status    |
| Special Instructions to Filing Officer: |                    |              |
|                                         |                    |              |
|                                         |                    |              |
|                                         |                    |              |
|                                         |                    |              |

Office Use Only



900182446749

06/25/10--01040--004 \*\*35.00



C. LEWIS

JUL 7 2010

EXAMINER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| SUBJECT: Dissolve Corporation                                                                   |                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT NUMBER: L09000030                                                                      | 0360                                                                                                                                                                     |  |
| The enclosed Articles of Dissolution and for                                                    | ee are submitted for filing.                                                                                                                                             |  |
| Please return all correspondence concerning                                                     | g this matter to the following:                                                                                                                                          |  |
| Daniel Davidson                                                                                 |                                                                                                                                                                          |  |
| (Name of                                                                                        | Contact Person)                                                                                                                                                          |  |
| Sefiros Holdings 1,LLC                                                                          |                                                                                                                                                                          |  |
| (Firm/Company)                                                                                  |                                                                                                                                                                          |  |
| 1415 Euclid Avenue                                                                              |                                                                                                                                                                          |  |
| (Address)                                                                                       |                                                                                                                                                                          |  |
| Miami Beach, Florida 33139                                                                      |                                                                                                                                                                          |  |
| (City/Sta                                                                                       | te and Zip Code)                                                                                                                                                         |  |
| For further information concerning this mat                                                     | tter, please call:                                                                                                                                                       |  |
| Daniel Davidson                                                                                 | at ( 305 ) 673-2526                                                                                                                                                      |  |
| (Name of Contact Person)                                                                        | (Area Code & Daytime Telephone Number)                                                                                                                                   |  |
| Enclosed is a check for the following amount                                                    | nt:                                                                                                                                                                      |  |
| ✓ \$35 Filing Fee  \$\square\$ \$43.75 Filing Fee & Certificate of Status                       | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed) |  |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle                                                                 |  |

Tallahassee, FL 32301



June 28, 2010

DANIEL DAVIDSON SEFIROS HOLDINGS 1, LLC 1415 EUCLID AVE. MIAMI BEACH, FL 33139

SUBJECT: SEFIROS HOLDINGS 1, LLC

Ref. Number: L09000030360

We have received your document for SEFIROS HOLDINGS 1, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a florida limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 610A00015788

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

2010 JUL -6 AM & 03

| 1. The name of a limited liability company is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SECRETARY OF STATE TALLAHASSEE, FLORIDA                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Metros Holding 1, Lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>{c</u>                                                      |
| 2. The Articles of Organization were filed on 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and assigned document number                                   |
| 3. The date the dissolution was approved:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16,2010                                                        |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | mited liability company's dissolution pursuant to section      |
| No longe in busine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ~                                                              |
| 5. CHECK ONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ne limited liability company have been paid or discharged.     |
| Adequate provision has been made for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ne debts, obligations and liabilities pursuant to s. 608.4421. |
| <ol><li>All remaining property and assets have been distrights and interests.</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ributed among its members in accordance with their respective  |
| 7. CHECK ONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                |
| There are no suits pending against the co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ompany in any court.                                           |
| OR- Adequate provision has been made for the entered against it in any pending suit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ne satisfaction of any judgment, order or decree which may be  |
| Signatures of the members having the same percentage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | of membership interests necessary to approve the dissolution:  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Printed Name                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Janiel Dandson                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CATINA CHINADE                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |
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| The PARTIES CO. THE PARTIES OF THE P |                                                                |
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